

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 733 Primary Registration District No. 3022 Registrar's No. 82

62-022755

VS 300  
Rev. 4/59

1 0411  
2 04112  
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4 0  
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DATE AMENDED

INSTEAD OF

SHOULD READ

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <u>HARRISON</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>HARRISON</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>BETHANY</u>		c. CITY OR TOWN <u>BETHANY</u>	
Length of stay in 1b <u>27 yrs.</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>REID HOSPITAL</u>		d. STREET ADDRESS (If outside, give location) <u>721 BEEKMAN</u>	
3. NAME OF DECEASED (Type or print) First <u>ROBERT</u> Middle <u>ORVILLE</u> Last <u>ISRAEL</u>		4. DATE OF DEATH Month <u>JUNE</u> Day <u>10</u> Year <u>1962</u>	
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>8-18-1890</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>SURVEYOR - RET.</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>HARRISON COUNTY</u>	
13a. FATHER'S NAME <u>JOHN IRVIN ISRAEL</u>		13b. MOTHER'S MAIDEN NAME <u>PERMELIA GARDNER</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>		17. INFORMANT <u>4 BERTHA ISRAEL BETHANY, MO.</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Hypostatic Pneumonia</u>		INTERVAL BETWEEN ONSET AND DEATH <u>48 hrs.</u>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Congestive Heart Failure</u>		6 mo.	
DUE TO (c) <u>Arteriosclerotic Heart Disease</u>		5 yrs	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Chronic Bronchial Asthma</u>		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour <u>8:15</u> a.m. <u>P.M.</u> Month, Day, Year <u>1-4-58</u>		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION <u>BETHANY, MO.</u>	
21. I attended the deceased from <u>8:15 P.M.</u> to <u>6-10-62</u> and last saw him alive on <u>6-10-62</u>		22a. SIGNATURE <u>G.H. Thors</u> (Degree or title) <u>D.O.</u>	
22b. ADDRESS <u>Bethany, Mo.</u>		22c. DATE SIGNED <u>6-12-62</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	23b. DATE <u>JUNE 13, 1962</u>	23c. NAME OF CEMETERY OR CREMATORY <u>MIRIAM CEMETERY</u>	23d. LOCATION (City, town, or county) (State) <u>BETHANY, MO.</u>
24. FUNERAL DIRECTOR <u>W. George Noble</u>	25. DATE RECD. BY LOCAL REG. <u>6-12-1962</u>	26. REGISTRAR'S SIGNATURE <u>Jella Mayes</u>	

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK  
OR  
TYPEWRITER RIBBON

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed William George Noble

Licensed Embalmer No. 4981

P. O. Address Bethany, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).  
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.